

**ARIZONA FORM**  
**120EXT**

**Application for Automatic Extension of Time to File  
Corporation, Partnership, and Exempt Organization Returns**

**1999**

For taxable year beginning MM / DD / YYYY, and ending MM / DD / YYYY

**Check box if:** This is the first tax return filed under this name and FEIN ☐  
Name, address, or FEIN has changed ☐ If FEIN has changed, list prior number \_\_\_\_\_

**CHECK ONE:**  
Calendar year ☐ Fiscal year ☐

<b>Please Type or Print</b>	Name	Federal employer ID number (FEIN)
	Number and street	
	City or town, state, and ZIP code	Business telephone number

**Check type of return to be filed:**

Form 120 ☐ Form 120A ☐ Form 120S ☐ Form 99T ☐ Form 99 ☐ Form 165 ☐

**For DOR use only**

All applications for an extension of time to file **must be postmarked** on or before the original due date of the return, unless the original due date falls on Saturday, Sunday, or a legal holiday. In that case, the application must be postmarked on or before the business day following such Saturday, Sunday, or legal holiday.

**S corporations and partnerships:** Use Form 204 to request an extension of time to file a composite return for nonresident individual shareholders or nonresident individual partners on Form 140NR.

**81**

**66**

**AN ARIZONA EXTENSION CANNOT BE GRANTED FOR MORE THAN SIX MONTHS BEYOND THE ORIGINAL DUE DATE OF THE RETURN. ARIZONA WILL ACCEPT A VALID FEDERAL EXTENSION FOR THE PERIOD COVERED BY THE FEDERAL EXTENSION.**

**Check one:**

☐ This is a request for an automatic six-month extension of time until MM / DD / YYYY, to file the tax return for the taxable year ending MM / DD / YYYY.

☐ A federal extension will be used to file this tax return. This form is being used to transmit the Arizona extension payment.

**Extension**

**Payment**

**Computation**

*(For Forms  
120, 120A, 120S,  
and 99T only)*

- 1 Amount of tax for the taxable year. See instructions .....
- 2 Less estimated tax payments (Form 120ES) .....
- 3 Balance of tax (line 1 minus line 2). .....
- 4 Enter amount of payment enclosed. See instructions ..... PAYMENT ENCLOSED

1		00
2		00
3		00
4		00

Make check payable to: **ARIZONA DEPARTMENT OF REVENUE**

Send application and payment to: **Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079**

**THE TAXPAYER WILL BE LIABLE FOR: (1) THE EXTENSION UNDERPAYMENT PENALTY IF AT LEAST 90 PERCENT OF THE TAX LIABILITY DISCLOSED BY THE RETURN HAS NOT BEEN PAID BY THE ORIGINAL DUE DATE OF THE RETURN OR THE RETURN IS FILED WITHOUT AN ATTACHED ARIZONA EXTENSION OF TIME TO FILE (IF THE TAXPAYER USES AN ARIZONA EXTENSION); OR (2) A LATE PAYMENT PENALTY IF 100 PERCENT OF THE TAX LIABILITY IS NOT PAID BY THE EXTENDED DUE DATE OF THE RETURN. INTEREST ACCRUES ON ANY ADDITIONAL TAX DUE FROM THE ORIGINAL DUE DATE OF THE RETURN UNTIL PAID.**

**SIGNATURE AND VERIFICATION**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

\_\_\_\_\_  
Signature of officer or agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's TIN